## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

SPRINGER GROUP, P.A.

| FILI       | E <b>D</b> |
|------------|------------|
| Mar 10 199 | 98 8:00am  |
| Secretary  | of State   |

| Principal Place of Business Mailing Address |   |   |                              | I) DIVIL DIVIL VIVE VI |  |   |                     |               |
|---|---|---|------------------------------|------------------------|--|---|---------------------|---------------|
| 9120 NW 36TH PALCE 9120 NW 36TH PLACE       |   |   |                              |                        |  |   |                     |               |
| GAINESVILLE FL 32606 GAINESVILLE FL 32606   |   |   |                              |                        | DO NOT WRITE IN 1                      | HIG GDACE   |                     |               |
| US US                                       |   |   |                              |                        | 3. Date Incorporated or Qualified      | HIS SPACE   |                     |               |
|   |   |   |                              |                        |  | 05/20/1987  |                     |               |
| 2. Principal Plac                           | e of Business   | 2a, Mailing Address   |                              |                        |  | 4. FEI Number   | IAI                 | optied For    |
| 21  |   | 26  |                              |                        |  | 59-2805501  | <del></del>         | ot Applicable |
| Suite, Apt. #,                              | etc   | Suite, Apt. #, etc.   |                              |                        |  | 5. Certificate of Status Desired  | \$8.75              | Additional    |
| 22  |   | 27  |                              |                        |  | 5. Certificate of Status Desired  | Fee R               | equired       |
| City & State City & State                   |   |   |                              |                        | 6. Election Campaign Financing         |   | May Be              |               |
| 23  | 28  |   |                              | ····-                  |  | Trust Fund Contribution   |                     | to Fees       |
| Zip   | Country   | Zip   | Count                        |                        |  | 8. This corporation owes or has paid the current year Intangible                        |                     |               |
| 24  | 25 29 30 30 9. Name and Address of Current Registered Agent |   |                              |                        |  | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |                     |               |
| ODDA  | <u> </u>  | Telli Hegistered Agent  |                              | <b>B1</b> N            | ame                                    | IV. Hamb and Addiess of New Hogist  | Sieu Agoitt         |               |
|   | NGER, PHILIP K.   |   | L                            |                        |  |   |                     |               |
| 701 SW 80TH DRIVE                           |   |   | <b>B2</b> S1                 | reet Addre             | ss (P.O. Box Number is Not Acceptable) |   |                     |               |
| GAIN  | ESVILLE FL 32607  |   | H                            | B3                     |  |   |                     |               |
|   |   |   | L                            |                        |  |   |                     |               |
|   |   |   | ] '                          | <b>B4</b> C            | ty                                     |   | FL 85 Zip           | Code          |
| 11. Pursuant to                             | he provisions of Sections 607.                              | 0502 and 607.1508. Florida Statutes   | the ab                       | ove-na                 | med corpo                              | vation submits this statement for the purpo   | se of changing i    | ts registered |
| office or red                               | istered agent, or both, in the Si                           | tate of Florida. Such change was au<br>oligations of, Section 607.0505, Flori | thorized                     | by the                 | corporatio                             | on's board of directors. I hereby accept the  | appointment as      | registered    |
| •   | amiliar with, and accept the or                             | ingarions of, Section 607,0303, Flori   | ida olaik                    | nos.                   |  |   |                     |               |
| SIGNATURE                                   | nature, typed or printed name of registered                 | agent and little if applicable (NOTE:   | Registered                   | Agent sig              | nature required                        | d when reinstating) D.  | ATE                 |               |
| 12.   | OFFICERS  | AND DIRECTORS   | 13.                          |                        |  | ADDITIONS/CHANGES TO OFFICERS   |                     |               |
| TITLE                                       | P   | ☐ DELETE  | 1.1 TITU                     | .E                     |  |   | L Change            | Addition      |
| NAME  | Springer, Philip  |   | 1.2 NAJ                      | ME                     | l                                      |   |                     |               |
| STREET ADDRESS                              | 701 SW 80TH DRIVE   |   | 1.3 STR                      | ieet addi              | RESS                                   |   |                     |               |
| CITY-ST-ZIP                                 |   |   |                              | Y-ST-ZIF               | <u>,   </u>                            |   |                     | 4.4495        |
| TITLE                                       |   | ☐ DELE <b>TE</b>  | 2.1 1111                     | .E                     |  |   | ☐ Chan <b>g</b> e   | ☐ Addition    |
| NAME  |   |   | 2.2 NAME                     |                        |  |   |                     |               |
| STREET ADDRESS                              | 2.3 \$  |   |                              | eet addi               |  |   |                     |               |
| CITY-ST-ZIP                                 |   | DELETE  |                              | Y-ST-ZI                | P                                      |   | Change              | Addition      |
| TITLE                                       |   |   |                              | 3.1 TITLE<br>3.2 NAME  |  |   | L_1 Change          |               |
| NAME  |   |   |                              |                        | oree                                   |   |                     |               |
| STREET ADDRESS                              |   |   |                              | EET ADDI               | 1                                      |   |                     |               |
| CITY-ST-ZIP<br>TITLE                        |   | DELETE  | 3.4. CII<br>4.1 TITL         | Y-ST-ZI                | r                                      |   | Change              | Addition      |
| NAME  |   | <u> —</u> реген   | 4. 2 NA                      |                        |  | -   |                     |               |
| STREET ADORESS                              |   |   |                              | eet add                | erce                                   |   |                     | į             |
| CITY+ST-ZIP                                 |   |   |                              |                        |  |   |                     |               |
| TITLE                                       | <u>.</u>  | ☐ DELET <b>E</b>  | 4.4 CITY-ST-ZIP<br>5.1 TITLE |                        | <del>-  </del>                         |   | Change              | ☐ Addition    |
| NAME  |   | _   | 5.2 NA                       |                        |  |   |                     |               |
| STREET ADDRESS                              |   |   |                              | EET ADD                | RESS                                   |   |                     | 1             |
| CITY+ST-ZIP                                 |   |   |                              | Y - ST - ZIF           |  |   |                     |               |
| TITLE                                       |   | ☐ DELETE  | 6.1 TITL                     |                        |  |   | Change              | Addition      |
| NAME  |   |   | 6.2 NA                       | ΛE                     |  |   |                     |               |
| STREET ADDRESS                              |   |   | 6.3 STR                      | EET ADD                | RESS                                   |   |                     |               |
| CITY-ST-ZIP                                 |   |   | 6.4 CIT                      | Y-ST-ZIF               | ,                                      |   |                     |               |
|   | tify that the information supplie                           | d with this filing does not qualify for                                       |                              |                        |  | ection 119.07(3)(i), Florida Statutes. I furth  | er certify that the | information   |

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.